PART B - FEE(S) TRANSMITTAL Complete and senothis form, together applicable fee(s), to: Mail Mail Stop ISSUL FEE Commissioner for Patents P.O. Box 1450 MAY 1 1 2004 Alexandria, Virginia 22313-1450 or <u>Fax</u> (703) 746-4000 INSTRUCTIONS: The form should be bed for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 4 should be completed where appropriate. All further porrespondence address as indicated unless corrected below the current correspondence address as maintenance fee notifications. The property of t CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 02/19/2004 SCULLY, SCOTT, MURPHY & PRESSER Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below. 400 Garden City Plaza Garden City, NY 11530 (Depositor's name (Signature) (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/994.954 11/27/2001 Cyril Cabral, JR. YOR919990509US2 3708 TITLE OF INVENTION: METHOD AND STRUCTURE FOR REDUCTION OF CONTACT RESISTANCE OF METAL SILICIDES USING A METAL-GERMANIUM ALLOY APPLN. TYPE SMALL ENTITY **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$300 \$1630 05/19/2004 EXAMINER **ART UNIT** CLASS-SUBCLASS KIELIN, ERIK J 2813 257-743000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the Scott names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent TFEE Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Trepp, Robert attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) R.ESIDENCE: (CITY and STATE OR COUNTRY) INTERNATIONAL BUSINESS MACHINES CORPORATION ARMONK, NEW YORK Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity O government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee ☐ Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0510/1600 (enclose an extra copy of this form). 50-0510/ Advance Order - # of Copies Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. (Authorized Signature) The Fischman, Reg. Date) 34,594 4/16/04

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